Medical College of Georgia
Winter, 1976 Volume 6, Number 1

MCG Today

The Sydenstricker Wing

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The Medical College of Georgia officially dedicated the new Virgil P. Sydenstricker Wing addition to Talmadge Hospital on October 13, 1976. Events of the day are pictured along with a tribute to the man.

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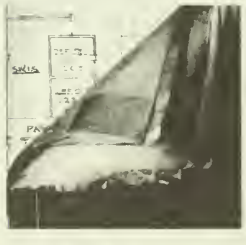
There's a man in Dublin, Georgia who graduated from MCG in 1934. He may well be one of the busiest doctors around.



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With his own child's fate resting in his hands, Dr. Fitz-Gerald reached for the telephone that night in July 1969. He placed an emergency 800 number call to an internationally-known specialist in newborn care who is on the faculty of the University of Alabama in Birmingham Medical Center.

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For the first time in ten years applications to enter medical schools in the U.S. are down. However, MCG did not follow this national trend in 1976.

Letters

Gentlemen:

I have just read in your latest edition information regarding Rattlesnake blood venom. There is reference to Science News Vol. 109, No. 22, pp 341 and 342. Also May 29, 1976.

I wonder if you could advise where a copy of these articles could be obtained. Your attention will be appreciated.

William P. Smith, Jr. M.D.

Copies can be obtained from:
Science News
E. G. Sherburne, Publisher
Editorial and Business Offices
1719 N. Street, N.W.
Washington, D.C. 20036

Dear Dr. Moretz:

On behalf of the members of the House University System of Georgia Committee, I would like to express appreciation for your hospitality shown to the committee when we were on your campus October 12 and 13.

The Medical College of Georgia renders a tremendous service to the people of Georgia as a research and teaching institution, and we are sure the new Sydenstricker Wing will aid in making you a more efficient service institution.

C. William Norman, Jr.
Legislative Administrative Assistant

How will the money be used?

Only 15 of this nation's 115 medical schools which are accredited by the Association of American Medical Colleges admits a larger freshman class than does MCG's School of Medicine. That, in itself, may not be particularly astounding.

But coupled with the fact that MCG ranks second among eleven Southern medical schools in enrollment of medical students and ninth among those same eleven schools in full time faculty members, one might begin to visualize one of MCG's major problem areas.

And, if that isn't enough, MCG is considerably below most other state-assisted medical schools when it comes to endowment. There could well be a direct relationship between insufficient endowment and a ninth place position (out of eleven) in the number of faculty members.

Alumni and non-alumni alike are being asked by the Medical College of Georgia Foundation to participate financially in its current Sesquicentennial Endowment Fund. Inevitably, the question is asked: "How will the money be used?" Inevitably the answer is stated: "To recruit faculty!" You may now understand why.

There are obviously other uses to which the interest generated from endowment funds will also be put. Faculty salary supplements and student financial aid have also been given high priorities by President Moretz and the trustees of the MCG Foundation. For those who may not know, foundation grants for student financial aid are used in what is known as a 'matching program'. In effect, for every dollar given to MCG for student aid, the federal government matches them with nine dollars. In 1976, the Foundation awarded MCG $33,000.00. On a nine to one basis, your gifts to the foundation, in effect, enabled MCG to receive an additional $297,000.00 for student financial aid.

The MCG Foundation and its trustees are indebted to MCG's friends who have joined in the challenge to help improve the Medical College of Georgia's competitive position in the health education marketplace. And, we invite everyone who shares our concern and interest in health care to join with the many others who have contributed financially to the MCGF Sesquicentennial Fund.

Behind the Lines

By James C. Austin
Executive Director
Medical College of Georgia Foundation

Not long ago I was reading *The Fellowship,* the weekly bulletin from the First Baptist Church in Washington, Georgia. The Pastor's Page contained a message which I believe to be particularly appropriate to the Foundation's Sesquicentennial Endowment Fund Campaign. In part, here's what it said:

"Americans are ingenious people. Mrs. Helen Beverly has decided that now is the time to start raising money for the celebration of the Tricentennial in her home town of Danvers, Massachusetts.

She has collected $10.00 from each of 100 residents (approximately the entire population). The resulting $1,000.00 has been deposited in a bank to draw interest for the next 100 years. According to Mrs. Beverly's calculations, if the money draws 7% interest, compounded quarterly, the Tricentennial Fund will amount to $1,032,027 in 2076. That should be enough money for the residents of Danvers, Massachusetts, to have a fantastic Tricentennial celebration.

If this can be done for a small town why not for an individual? Just think, by placing $1,000 in a savings account for 100 years you could make your great-great-grandchildren fabulously wealthy. As good as it sounds I understand it cannot be done because of legal restrictions. Sorry great-great-grandchildren!"

Yes, legal restrictions for individuals, but this is a perfect example of how endowment works. If you were to contribute that $1,000 to the endowment fund today, it would be worth considerably more one hundred years from now if left totally intact, and well managed through the years.

The idea is worthy of your consideration. Your pledges and gifts today and those of your colleagues to the Sesquicentennial Fund ensure that MCG will be more competitive for all time to come.

One personal note in this the final issue of MCG Today for 1976: From all of us at MCG and the MCG Foundation, may I extend our sincere best wishes for a warm and joyous holiday season.

— JCA —

Virgil P. Sydenstricker, M.D.

October 13 became perhaps the single most important day at the Medical College of Georgia in 1976 as a host of activities took place on and around the Augusta campus.

Not the least of these activities was, of course, the dedication of the new Virgil P. Sydenstricker Wing of the Talmadge Memorial Hospital. A large number of dignitaries, including members of the University System Board of Regents, representatives of both the state House and Senate university system committees and local officials joined MCG faculty, administrators, staff and students for the official opening of the eight-floor, 240-bed facility.

The dedication was followed by tours of the building for those on the speakers' platform and others attending the ceremonies.

There were also other events planned in conjunction with the Sydenstricker dedication.

The Board of Regents held its monthly meeting for October at both the Medical College and at neighboring Augusta College. Day Two of the meeting included a presentation by President William Moretz, along with his deans and department heads, outlining proposals aimed at meeting the needs of an expanding medical and health care institution.

Prior to the dedication, the School of Medicine alumni association met at a downtown hotel to honor former faculty greats of the Medical College. Some 27 photo-engraved plaques were presented to faculty emeriti, 17 of which were accepted personally.

The Sydenstricker Wing– Tribute to a Giant

By Dorothy H. Mims
Assistant Professor, Library

As the Medical College of Georgia prepares to open the Sydenstricker Wing of Talmadge Hospital, many students have been heard to remark "What a funny name for a building." Upon being informed that it is named for Dr. Virgil Preston Sydenstricker, the bolder ones may ask, "Who is he?" The more prudent ones remain silent so as not to disclose their ignorance. Such a question would have been unthinkable thirty years ago. They knew who Dr. Sydenstricker was! Admittedly, the school was much smaller then, but his eminence was not confined to being an outstanding member of the faculty from 1920 until his retirement in 1957. There were giants on the earth in those days, and Dr. Sydenstricker was one of extraordinary stature. In addition to being an astute clinician and master teacher, he was a recognized research scientist in many areas of internal medicine. Together with his colleagues, Dr. W. A. Mulherin and Dr. R. W. Houseal, he published the first case report of sickle cell anemia with autopsy. He worked with Dr. Joseph Goldberger of the United States Public Health Service in solving the riddle of pellagra and was one of the first to report the efficacy of nicotinic acid in its treatment. He contributed much to the campaign to eliminate this disease in the Southeast and went on to concentrate his research on vitamins and nutritional diseases. His status in this field led to his appointment in 1940 as a consultant to the Surgeon General of the U.S. Army. He served in that capacity until 1957. In 1942 he went to Great Britain as advisor to the British Minister of Health. In 1944 he became head of the European Nutritional Section of the United Nations Relief and Rehabilitation Administration. Following the defeat of the German army and the

The new 240-bed addition to E.T.M.H.

liberation of Belsen Prison Camp, he was the medical officer in charge of the rehabilitation of the prisoners, most of whom were near death from malnutrition and disease. For this work, he received citations from the U.S. War Department, the British, Dutch and U.S. governments and was awarded the King's medal for Service to the British Empire. In 1950 he was appointed by the World Health Organization to evaluate postwar nutrition in England.

Elected to more than fifteen distinguished medical and scientific societies, including Phi Beta Kappa and Alpha Omicron Alpha, one of his greatest honors came when the American College of Physicians awarded him the distinction of Master of Internal Medicine. Dr. G. Lombard Kelly, in his recollections of Dr. Sydenstricker published in the Proceedings of the Medical College of Georgia, July 1957, relates Dr. Sydenstricker's reaction to the honor.

It came to me from an internist formerly stationed at the Veterans Administration Hospital in Augusta who was present when Dr. Sydenstricker was inducted into that select group of specialists in his field, the Olympic Gods of Internal Medicine. The members of this small fraternity as a rule do not achieve the distinction until they seem to have one foot in the grave. They are called Masters of Internal Medicine. "Sydie" attained this extremely high honor several years ago, so precociously in fact, that he became suspicious. He turned to the aforesaid internist and asked: "Do you

Ms. Dorothy Mims has worked in MCG's Library for more than 14 years. She is in charge of both the reference library and the institution's special collections. Much of the material about Dr. Sydenstricker, like the scrapbook pictured, is on display in the Library's special collections room.

The dedication

suppose they think I am going to die soon?"

Probably no honors touched him more, however, than the accord given him by the students in 1953 when they elected him to the Cadaver Award for Excellence in Teaching and in 1957 when they declared May 24th to be V. P. Sydenstricker Day, complete with CPC, luncheon, lecture and presentations. In response to the latter, Dr. Sydenstricker wrote:

Dear Fellow Students of Medicine:

Only once in a long lifetime does something happen to an old man which so twangs the heart strings and opens the tear ducts as did your tribute of the 24th of May.

Everything you did was perfect. The ill-deserved applause at the C.P.C., the orchids for my wife and me (we are not accustomed to orchids), the luncheon and the most happy selection of my long-time friend, Dr. Darby, for the lecture. The beautiful silver bowl and its fantastic contents were likewise perfect beyond desire, and the inscription on the bowl "friend of the student" is the phrase that I most like and the one I hope will survive always.

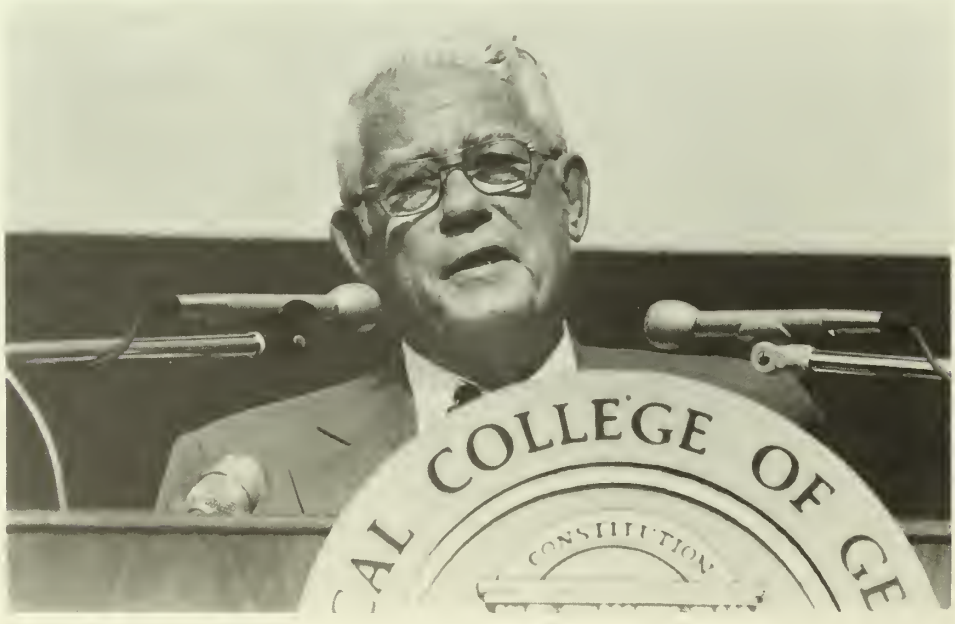
Dr. Sydenstricker began his long career at the Medical College of Georgia in 1920, when he came to the University Hospital as a resident and Instructor in Medicine. A 1915 graduate of Johns Hopkins Medical School, he had served an internship and eleven months of a residency there before being called into the Medical Corps of the U.S. Army in World War I. He was discharged as a captain in 1919 after serving in France. Following two

The tour of The Sydenstricker Wing

years as an Instructor in Medicine, he was made Professor of Medicine and chairman of the department in 1922, serving continously in that capacity for 35 years. Dr. Curtis Carter described him as a teacher and clinician in one of a series of tributes published in the Proceedings of the Medical College of Georgia, July 1957.

The medical student has his first real contact with Dr. Sydenstricker at the beginning of his course in physical diagnosis. With the first lecture, they meet this distinguished man who enters the lecture room wearing the traditional white coat and who quietly walks to the front of the room. His features are sharp and accentuated by his determined chin and his keen, observant eyes seem to notice every student in the room, individually. At this moment he clasps the rostrum with his hands — there is something most impressive about those hands; their appearance and behavior imparts the same impression experienced when a concert pianist has his hands poised above the keyboard at the beginning of a concert. At this instant, every student senses the importance of being receptive to this great man and an almost ceremonial quietness of expectation pervades the room. Dr. Sydenstricker then "talks" to the students about physical diagnosis with a clarity and understanding that serves as an inspiration for the development of a sincere interest in the study of medicine. Of great importance, the student learns the value of recognizing normality with its deviations in relation to recognizing abnormalities. Dr. Sydenstricker teaches the student to do more than to look at the patient; he teaches him to observe closely and to interpret his findings in the light of

The dedicatory address—The Honorable Chappelle Matthews, chairman, House of Representatives Committee on the University System of Georgia



Tools of a great clinician

the sum of these observations.

During the clinical years, the medical student has rounds with the "Chief" (an affectionate reference used by all who know him) and he soon learns that he must be extremely thorough in the work-up of patients in order to obtain the greatest reward from a discussion of the case with Dr. Sydenstricker. However, through the years, it has been a frequent experience for the student to have the "Chief" point out a missed but significant observation in many difficult cases. His ability to guide the student in the right direction through artful suggestions is unsurpassed and his teachings at the bedside inspire the student to enhance his knowledge through experience. During this period he has the rich opportunity to learn about Dr. Sydenstricker's compassion for human suffering; his future attitudes are shaped for the benefit of all mankind when he learns that his concern for the human being bears no relation to the patient's station in life. Throughout medical school he is a friend to the student; however, many of the students are so filled with admiration and awe for this great man, they fail to realize his sincere concern for their welfare and education until after graduation.

Upon reaching the mandatory age for retirement from the Medical College in 1957, Dr. Sydenstricker did not leave the work which he loved but continued to serve on the staff of the Forest Hills Veterans Administration Hospital until shortly before his death on December 12, 1964.

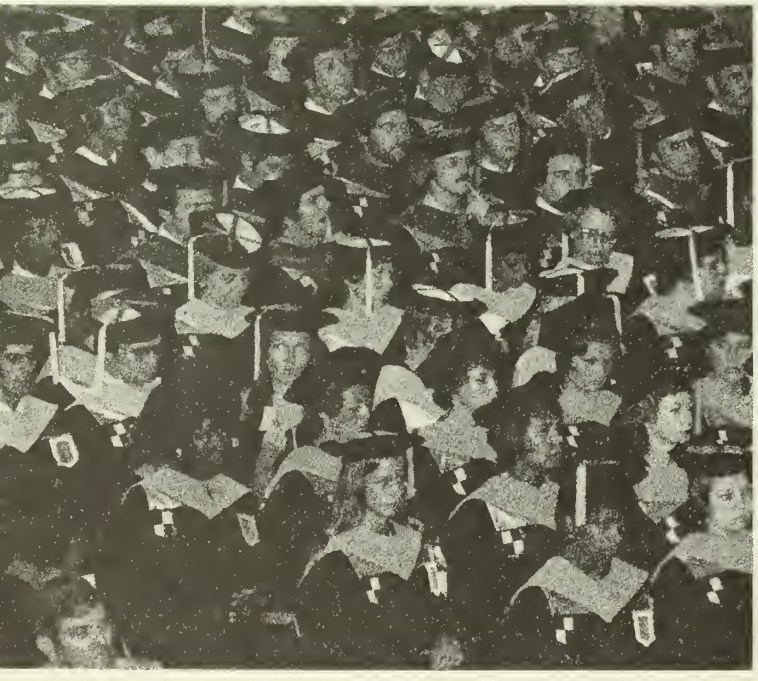
The new hospital facility is a fitting tribute to a man dedicated to both the art and the science of medicine.

Dr. William Shirley (right) presents memento to Dr. J. Robert Bazemore, faculty emeritus

On September 25, 1976 the Medical College of Georgia graduated 260 students. It was the 145th commencement for MCG in 148 years of continuous operation.

Following is what Judson C. Hickey, D.D.S., dean of the School of Dentistry, told the graduates and guests in his keynote address.

Health professionals can help shape the future of health care delivery



You are a special people. You are special because you will spend your lives in service to your fellowmen. I am honored to be among you tonight.

The first commencement, I imagine, was a prehistoric event. And the first commencement speaker was probably the equivalent of some kind of President or Dean. He must have attempted to point out the difficulties and dangers that faced the new generation. He probably told the aspiring graduates of his day that the problems would be multiplying and the challenges would become greater. Despite the unbelievable obstacles that he described, we find ourselves here tonight, thousands of commencements later, with many of the same old problems, and with some new problems. They still need solutions, again some old and some new.

Special people face some special problems. Because you are trained to provide a service, a very personal service at that, what you have to offer is harder to measure than a commercial product. Moreover, because it is so personal, it is even more important or special.

Much is expected of you. In most instances you can deliver; you can meet the expectations. However, the public that you serve expects daily miracles. We have been taught that there is a miracle cure for everything, no matter how much we abuse our health. Many of our illnesses are due to excesses in our own life style. People want to believe in simple cures exemplified by Alka Seltzer's "Plop-plop, fizz-fizz, O, what a relief it is" and other similar quick cures for all ailments. Unfortunately, the quick cures are sold much more successfully than we can sell the wisdom and basic economy of prevention.

Because you are special people, the public will be less tolerant of your mistakes. People may grumble about slip-shod products that come off the assembly line. They may tolerate sitting in stalled traffic to get to a favorite shopping center or football stadium. But, when they need a health service, they want it now and they want the best. Just so that I won't be misunderstood, we, who are here tonight, are no different. We also want the best and we want it when it is most convenient to us.

Since the public is so concerned about our contribution to their well-being, they are becoming more involved in how and what we provide. Some of their ideas frighten us. You are aware or soon will be of PSRO'S, HMO'S, and HSA'S. We are not afraid of their expressed intent. But we wonder if they are competent to judge the quality of treatment. We wonder if their methods will really accomplish their goals of improved health care for more persons at reduced costs. But, if we self-righteously claim that we are above reproach and external evaluation and that there is no better way, then

we risk losing the respect and credibility the health professions now enjoy.

Since we are health professionals society permits and is dependant upon us to set our own standards of performance. This is one reason that it is so difficult for us to accept evaluation by non-professionals. Yet, in effect, it is society that is saying it now expects a higher level of accountability from the health professions for the services that they render. Whether we like it or not, society will eventually decide the nature of health care delivery. It has been so down through history. But, you who will soon be delivering health care at all levels can have a profound effect on the attitudes of society by communicating with your patients at every opportunity. How many persons are aware that the quality of health care rendered under the private enterprise system in the United States is the highest in the world? If you don't spread the word, there is no one else who can or will.

On the other hand, there is no reason for hand-wringing, self-pity, and capitulation to those who look at the surface and see only the flaws in our health care system. Their distortions must be corrected by a clear view of the facts. You must provide the facts.

Despite this high quality of care, we must be ever sensitive to the needs of a great percentage of our population who receive little or no health care. We cannot assume that these people do not want or appreciate quality health care for themselves and for their children. We must be innovative in modes of delivery and financing to preserve the free enterprise system that has worked so well and gives us our individuality.

The high cost of health care is serious. So are all other costs in today's economy. What has escaped inflation and the spiraling costs of red-tape and bureaucratic management in today's economy? We must be concerned. We must do all that is within our power to keep the cost of health services within reason.

Political prognosticators predict that National Health Insurance is inevitable. This forecast threatens that we could all be government employees of some sort, either directly or indirectly. As health practitioners, we must assure that whatever happens, we will do all that we can to retain a workable health care system dedicated to the best interest of the patient. With properly developed legislation, many of us believe that nationally available health insurance can be incorporated within the free enterprise system. You must work to influence legislation so that the free enterprise system will be retained.

As has always been the case, you are facing new problems in a changing society. But, you are also facing the old problems: ignorance, disease, accidents, over-indulgence, maldistribution of health providers, and intense need for your services.

Your basic role as health professionals has not changed. However, today there is the exciting new challenge of keeping the *whole* man healthy—physically, mentally, and spirtually. So you must educate those who don't know, you must preach and practice prevention at every opportunity, you must cure what you can, alleviate pain, replace what has been lost or damaged, care for the needy, love the unlovely, go where you are needed, and continually push yourself to full productivity. Expressing it in a little different way as the psalmist said long ago, "You must serve the Lord with gladness" in your chosen profession.

If you would succeed in the future, and if the health profession is to retain its respected, sometimes exalted, position in society, then you must continue those precepts that have been successful in the past. You *are* your brother's keeper. You must put the welfare of the patient above that of yourself. You must labor for a reward that is greater than mere financial security. By practicing personal accountability, you may escape the stifling paralysis of being accountable solely to an unresponsive bureaucracy.

You *are* special people. How special now depends on you!

Judson C. Hickey, D.D.S. has been dean of the School of Dentistry at MCG since 1966. He delivered the keynote address in September at MCG's 145th commencement.

His patients know him as

"The doctor you can always call at home"

Dr. John Bell, Jr.
MCG Class of 1934

By Richard Crabbe

A casual conversation with Dublin, Georgia's Dr. John Bell Jr. is almost like fishing with dynamite . . . every inquiring toss promises to bring something interesting to the surface.

Take, for example, Dr. Bell's practice of communicating with his patients during non-office hours. Most physicians these days rely on an answering service to handle calls. Dr. Bell's answering service consists of his wife, Caroline and himself.

Or consider that his idea of "diversion" is sitting on the local board of education as well as the state's University System Board of Regents. . . .

Or weigh the fact he is the family practitioner of the year in Georgia.

Dr. John Bell Jr. is best known to his patients around Dublin as the doctor you can call at home. In other parts of the state, his reputation is based on his performance as a long-time member of the 15-man Board of Regents, to which he was appointed in the early '60s by Governor Ernest Vandiver. By 1974, Dr. Bell had served on nearly every major committee of the board ("With the exception of finance—I never did get on that one," he adds) and was elevated to the post of vice chairman. He succeeded Charles Harris of Ocilla in July, 1976 as board chairman.

"How I got to be chairman, I don't know," says Dr. Bell, "I didn't go out and seek it, but I think I've done a good job . . . I've tried to be rather conservative."

It soon becomes apparent that Dr. Bell suffixes each of his achievements with the "I don't know how. . ." disclaimer, but the course of conversation quickly reveals the why and how of his accomplishments.

In the case of being named to the Board of Regents, it was a campaign decision by Ernest Vandiver in 1958 that ultimately led to his appointment five years later.

"When Vandiver was lieutenant governor and decided to run for

governor," recalls Dr. Bell, "he decided to kick off his campaign here in Laurens County, and his people called me to head the campaign here. I guess some of the local politicians must have told them I was a good man."

Vandiver was elected and Dr. Bell found himself serving on the five-man Schaefer Committee, charged with investigating conditions at the old Milledgeville State Hospital. Dr. Bell's work for the state led to his appointment as a member of the Medical Association of Georgia's legislative committee and to the governor's advisory committee on mental health. "I just got to visiting the legislature in Atlanta and lobbying," he says, "and they all got to know me up there."

Dr. Bell's devotion to his outside interests resulted in his appointment to the board January 1, 1963.

"I was one of the last appointees by Vandiver . . . he got together with incoming Governor Carl Sanders and they decided to put a doctor on the Board of Regents. There had never been a doctor on the board; I guess they called me because I had worked with both of them. Sanders called me and asked if I wanted to be on the board.

"I told him 'I'm too busy', but he said he was glad to see I was a busy person, because when you put busy people on a job, it usually gets done." Dr. Bell promptly accepted.

The obsession with work goes back, he admits, to his days as a student at the Medical College of Georgia. Bell grew up in the rural community of Swainsboro, where he lived through his high school years. He attended Atlanta's Emory University before entering the Medical College in 1930. Five years later (he graduated from MCG with the class of '34 and interned one year at the old University Hospital) he was practicing at a hospital in Dublin.

"I was motivated to be a doctor," he says, " and I would have done anything for it. I don't really know why I wanted to be a doctor . . . I just decided when I was in the eighth grade that I was going to be a doctor one day. That's all I wanted to be and I followed that course."

His devotion to work during his 14-year tenure on the Board of Regents shows that same determination. He was, for instance, instrumental in establishing a two-year nursing program throughout the university system at a time when many hospital administrations were opposed to the idea. Dr. Bell played a large role in the establishment of a dental school in Augusta and talked then-governor Carl Sanders into appropriating a quarter-million dollars to begin the project more than ten years ago.

Dr. Bell, in fact, has served on the board during the period which saw the largest growth in the history of the university system, from barely more than 20 units and 38,000 students in 1962 to 32 institutions and 128,000 students this fall.

But as a physician and an alumnus of the Medical College, Dr. Bell has often focused his efforts on improvements in medical education. Dr. Bell is particularly pleased with efforts by the Medical College faculty to get involved with the medical community across Georgia. "MCG, MAG, and all the others began working together about five years ago and it's helped bring the Medical College out into the state," he says. "I think communication between MCG and all the physicians is as good as it can be now. But at one time, if you wanted anything from the Medical College, you just had to go up to Augusta.

"The board realizes that we do have some shortcomings at the Medical College—space, money, buildings and endowment of chairs. It's no criticism of the present faculty—there's just a lot that needs to be done and we've pledged to make MCG one of the top medical centers in the southeast. There's no reason we can't surpass Birmingham and Miami, but it'll take a little work at the college."

Dr. Bell is justly proud of his role in the growth of the Medical College, a role that was summed up recently in one sentence by University System Chancellor George Simpson: "Bell is the one who helped bring the Medical College of Georgia where it is today."

The accomplishments don't stop there, though. His involvement in Dublin's community affairs, centered around his two decades-plus on the local board of education (18 years as chairman) amply demonstrates the respect the community holds for the greying physician. "I don't know how I got on there and I don't know how I stayed on all this time," he says.

He's a member of the Georgia Academy of Family Physicians and the state chapter of the American Society of Family Physicians. His stature in the two groups and the respect he commands from fellow physicians around Georgia made him a unanimous choice for family practitioner of 1976. Even his service in the military during World War II earned him an unexpected Bronze Star (again "I don't know why they decided to give me that. . ."). He was voted man of the year in Dublin and Laurens County in 1968 ("I don't know how I got that. . ."). He also serves on the Board of Trustees of the Medical College of Georgia Foundation. The list goes on.

"He's a real hard working person," says his wife, Caroline. "I don't see how he does it, but he says it's a diversion . . . a real change of pace. I think it holds true that if you want something done, you get a real busy person to do it."

Does the time he allows for his "diversions" disturb his practice? "No. It might waylay you by an hour or two every once in a while," he answers. "The outside interests serve a two-fold purpose," he adds. "I help the state, the people . . . and it lets you look at the other side of how things are run."

Sesquicentennial Endowment Fund Summary

Rome-Dalton

Active solicitation for endowment funds from alumni in the Rome-Dalton Region was completed in October. During the five months of fund raising by the steering committee, headed by Dr. Jim Smith, alumni more than doubled their pledges over what was registered in June.

Total endowment gifts pledged from the region as of October 31, 1976 was $25,147.10. Only 21.2% of the 113 alumni in the region had made pledges as of that date.

"We are pleased with the increase in dollars, but somewhat disappointed with the percentage of participation," said Don Nichols, Associate Director for Development at MCG.

Some followup mailings can be expected by alumni in the Region, Nichols said. "We are hopeful that both the business community and alumni who have not yet made pledges will follow through with endowment support before the end of the year," said Nichols.

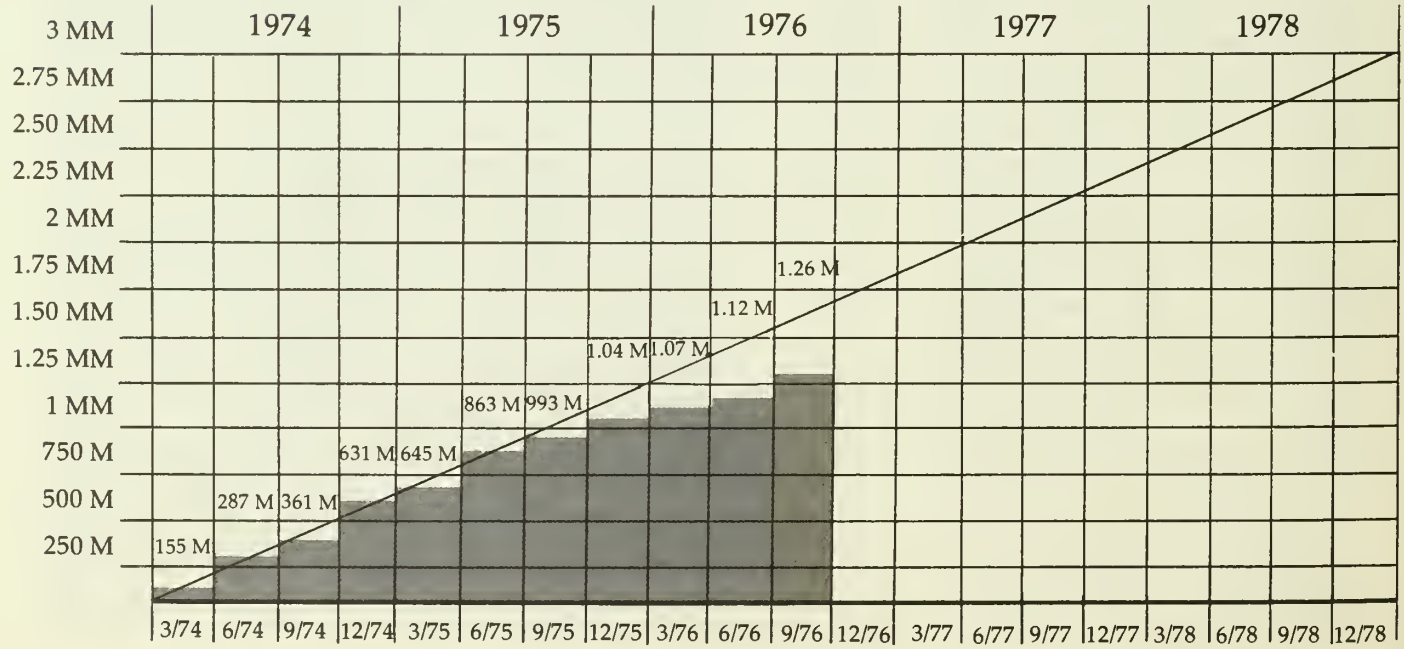
Columbus

Columbus Region alumni have pledged $59,715.00 to the MCGF Sesquicentennial Fund, following a final report meeting held October 28.

Steering committee chairman, Dr. Luther Smith reported that 40.4% of the Medical School alumni in that region have made pledges and contributions totaling 59.7% of the goal.

According to Don Nichols, Associate Director of Development for MCG, "We have realized outstanding support from non-alumni individuals, corporations and foundations in the Columbus Region." He explained that there are still several proposals awaiting decisions by various foundation boards in the region. "We should have some idea before year-end about the decisions on our requests for endowment funds from these foundations," said Nichols.

Graph shows quarterly progress of the Sesquicentennial Endowment Fund pledges since the kickoff of the campaign in 1974.



Report at a Glance: Through October 1976

SUMMARY (Totals by constituency all regions)

	Year to Date			Campaign to Date			
	No.	Amount Pledged	No.	Amount Paid	No.	Amount Pledged	No.	Amount Paid
*F & S	25	2,827.50	1,379	21,601.28	962	346,202.73	2104	155,879.97
Individuals	67	150,655.00	64	27,555.00	92	158,216.00	89	34,616.00
Corporations	20	39,330.00	45	60,201.06	74	245,430.00	74	106,055.22
Foundations	5	8,110.00	6	9,360.00	22	137,802.88	23	106,302.88
Alumni	124	49,053.97	240	36,166.08	531	376,153.47	587	219,386.97
Parents	—	—	—	—	—	—	—	—
TOTALS	241	249,976.47	1,734	154,883.42	1681	1,263,805.08	2877	622,241.04

*All faculty and staff are recorded in the Augusta area

Through October, 1976 six groups have contributed to the Sesquicentennial Endowment Fund. The Alumni group leads all others having pledged a total of $376,153.47.

This summary shows Sesquicentennial Endowment Fund pledge totals by region. Through October 1976, the Augusta Region continues to lead other regions having pledged a total of 764,256.08.

SUMMARY (Totals by region all constituencies)

Region	Year to Date			Campaign to Date			
	No.	Amount Pledged	No.	Amount Paid	No.	Amount Pledged	No.	Amount Paid
1 Albany	33	17,600.20	26	4,115.00	52	34,910.20	48	15,690.29
2 Athens	2	100.00	7	1,700.00	22	9,635.00	25	6,435.00
3 Atlanta	11	1,940.20	28	4,044.20	65	42,750.20	73	26,129.70
4 Augusta	82	56,843.97	1,497	94,855.48	1,160	764,256.08	2,323	363,100.21
5 Brunswick	1	60.00	1	60.00	4	560.00	4	560.00
6 Columbus	12	39,700.00	31	23,283.33	27	97,640.00	42	51,023.33
7 Gainesville	—	—	6	650.00	7	45,700.00	11	38,375.00
8 Macon	7	1,075.88	10	1,367.46	50	26,441.04	49	19,041.04
9 Rome	23	12,171.00	23	5,936.00	39	25,898.00	36	12,486.00
10 Savannah	5	305.00	12	1,888.34	37	24,875.00	37	18,870.02
11 Valdosta	4	1,012.42	7	1,920.26	10	6,555.76	12	5,663.60
12 Waycross	4	1,595.00	3	95.00	8	12,360.00	8	4,160.00
13 Dublin	—	—	2	80.00	5	1,615.00	7	1,065.00
14 Thomasville	1	100.00	2	225.00	6	875.00	7	1,000.00
15 Statesboro	7	106,591.05	6	6,519.85	10	106,976.05	9	6,904.85
16 Griffin	—	—	—	—	4	290.00	4	290.00
17 Tifton	—	—	1	475.00	6	1,175.00	6	1,175.00
18 Carrollton	—	—	—	—	—	—	—	—
Out-of State	49	10,881.75	72	7,668.50	169	61,292.75	176	50,272.00
TOTAL	241	249,976.47	1,734	154,883.42	1681	1,263,805.08	2877	622,241.00

campus news

Dr. Ahlquist lectures on propranolol

Dr. Raymond P. Ahlquist, chairman of MCG's department of pharmacology, this fall presented a series of lectures on the drug propranolol to Japanese cardiologists in five Japanese cities.

Propranolol is used extensively in Europe and Japan for treatment of heart attacks, angina pectoris, hypertension, anxiety and schizophrenia, to name a few.

Dr. Ahlquist was instrumental in developing theories which led to the discovery of propranolol.

heart grants to MCG

The Georgia Heart Association awarded research grants totaling $39,787 to the Medical College of Georgia this year.

MCG faculty Gerald O. Carrier PhD, Frederick Leibach PhD and Andy C. Reese PhD are recipients of new GHA grants-in-aid while James B. Hudson MD continues to hold the GHA chair of cardiovascular research.

Another MCG faculty member, Ralph C. Kolbeck PhD, is conducting a study of the heart with a two-year American Heart Association grant totaling $44,000.

children's advocate

Mrs. Lillian Reese is MCG's first children's advocate.

Her primary function is to act as a go-between for patients and doctors of Talmadge Memorial Hospital's pediatric floor, 8 north.

She provides moral support for patients, intervenes for them when they have questions about their illnesses, and helps them receive further health care treatment after their release from Talmadge.

scholarship winner

Ms. Edith Stassi of Aiken, a senior respiratory therapy student in the School of Allied Health sciences at MCG recently was named a recipient of a Mead Johnson Scholarship.

Ms. Stassi won first place in national competition and received a $500 scholarship for her paper "Pulmonary Manifestations of Reyes Syndrome." She also was given an all expenses paid trip to the American Association of Respiratory Therapist's (AART) 22nd annual convention in Miami Beach.

20 and 1 join AOA

Alpha Omega Alpha honorary medical society has twenty new student members and one new faculty member.

The new faculty member is Dr. William Moore, Jr.; and new members are Howard Cohen, Yvonne Shellhouse, Alan Goodrich, Jim Gainer, John Ware, Jim Beckham, Victor Benator, Patty Clark, Wyatt Voyies;

Steve Gundry, Kathy Collier, Jim Taylor, Tom Hazelhurst, Bill Revell, Bill Maddox, John McClellan, Dan Davidow, Richard Kauffman, Mike Harris and Jim Miller.

These new members were welcomed at AOA fall honors day. Dr. Harold Fallon, professor and chairman of the department of medicine at Medical College of Virginia was guest speaker.

Alumnus Award not presented this year

The Medical College of Georgia alumni associations, along with the Medical College of Georgia Foundation, announce that no outstanding alumnus awards will be presented this year. The scheduled date for these awards was December 20th, the anniversary of the chartering of the school in 1828.

The reason given for withholding the awards this year was "insufficient number of nominations."

The Foundation sponsors this award to honor an outstanding MCG alumnus each year for his or her service to community, church, profession and school. All graduates of MCG are eligible to be nominated for the award, and anyone may make the nomination. The deadline for receiving nomination forms is October 21, 1977.

Nomination forms are available by writing to:

Outstanding Alumnus
Medical College of Georgia Foundation
Alumni-Foundation Center
Augusta, Georgia 30901

polio

There is a possibility that polio might once again sweep the United States because of a shortage of polio vaccine material.

A major reason for the shortage is that the drug company making live vaccine refuses to sign a new contract with the government unless all recipients are informed in advance of the vaccine's potential risk—that the vaccine may cause rather that prevent polio.

Since polio vaccine was introduced, 140 cases of polio in the United States have been caused by the live vaccine, and in the last several years the live vaccine has been the principal if not the sole cause of domestically arising cases of polio.

("Live Polio Vaccine: Debate over Safety," *Science News,* pp. 213-214, vol. 110, no. 14, Oct. 2, 1976.)

flowering propagation

A botanist at the University of Melbourne has made strides in the research of sex life of flowering plants, determining how they recognize their own pollen or that of their own species to propagate.

Flowering plants usually propagate by fertilizing themselves with their own pollen or by exchanging pollen with a member of their own species.

R. Bruce Knox and his co-workers at Melbourne have found special cell membrane receptors for pollen to be responsible for this mysterious feat.

("The Sex Life of Flowering Plants," *Science News,* vol. 110, no. 13, pp. 197-198.)

consider botulism

Botulism may be more common in infants than previously believed according to the Center for Disease Control.

This claim is based on several reports of botulism in California and New Jersey infants.

The CDC advises physicians to consider botulism as possible cause of illness in infants with unexplained weakness, ophthalmoplegia, disphagia or respiratory arrest.

("Botulism is Prevalent in Infants," *U.S. Medicine,* vol. 12, no. 19, Oct. 1, 1976, p. 4)

a human threat

Antibiotics in animal feed may promote growth in livestock, but evidence shows that it helps human bacteria build resistance to antibiotics also.

If this is true, the antibiotics in the feed could possibly open people to deadly, once-conquered infectious diseases.

The Food and Drug Administration's Task Force on the Use of Antibiotics in Animal Feeds in 1972 provided ample study results to underscore the possible danger. More evidence has since been accrued.

("Animal Drug Feeds: The Human Threat." *Science News,* vol. 110, no. 12, p. 183, Sept. 18, 1976.)

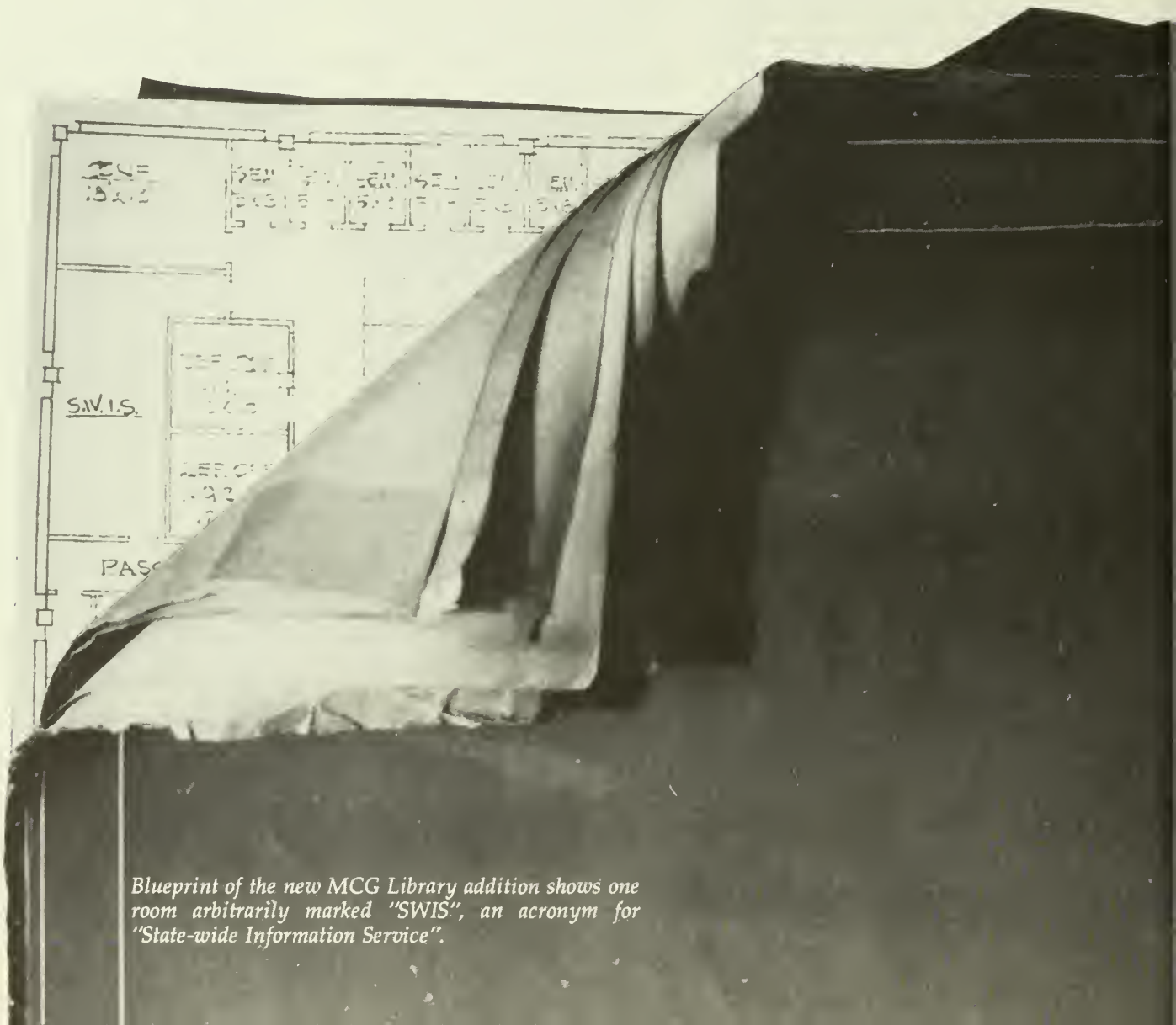
childproof containers

Selling "childproof containers" to the public has been a difficult job, but use of the containers has reduced by 48 per cent the number of deaths of children under five-years-old from aspirin ingestion, the Consumer Products Safety Commission reports.

About 21 firms manufacture the special containers and some are more difficult to open than others. Their value has been proven, however, Commission Chairman S. John Byington says, and persons requesting non-childproof containers "had better stop to think about grandchildren or neighborhood children who might be around."

("Greater Support Requested for Childproof Containers," *U.S. Medicine,* p. 9, vol. 12, no. 16, 17, Sept. 1, 1976.)

SWIS: It's on the blueprints, but...



Blueprint of the new MCG Library addition shows one room arbitrarily marked "SWIS", an acronym for "State-wide Information Service".

For a few critical moments, Dr. Maurice Fitz-Gerald was probably the loneliest man in the world.

He stood, looking down at a little baby he had just delivered, in the same Demopolis, Alabama hospital where he had delivered so many babies before.

The baby was sick, very sick, the victim of what some laymen call "RH negative blood disease" which he had developed before birth. He was severely jaundiced. Dr. Fitz-Gerald knew that he would have to be the one to decide how to pull the child through.

And this was the doctor's own son.

"The physician who was my associate in practice was my wife's doctor, but he was out of town when it was time for her to give birth to Timmy. So I delivered Timmy myself," said Dr. Fitz-Gerald.

With his own child's fate resting in his hands, Dr. Fitz-Gerald reached for the telephone that night in July 1969. He placed an emergency 800 number call to an internationally-known specialist in newborn care who is on the faculty of the University of Alabama in Birmingham (UAB) Medical Center.

Dr. Fitz-Gerald and the Birmingham specialist agreed that Timmy needed an exchange transfusion of blood. "On the telephone, the specialist gave me instructions about transfusing Timmy—which kind of blood was best to use, and so on," said Dr. Fitz-Gerald. "I did the transfusion myself."

Today, Timmy is a normal, healthy little boy.

—Anita Smith, The Birmingham News

"In fairly remote areas like mine a lot of people go into general practice and then leave. . . . Their consciences nag them; they wonder whether they are doing as good a job as can be done."

By Laurence Christensen

July 1, 1969 marked the first day of operation for MIST (Medical Information via Telephone), the first person-to-person physician communication network in the nation, and perhaps in the world. It is a direct WATS line, with a number that doctors and other health professionals can call free of charge from anywhere in Alabama, 24 hours a day, seven days a week, to ask questions about patient care of specialists in any medical field.

Since that night in Demopolis more than seven years ago, there have been many "Timmy stories" in Alabama. The people of Alabama are receiving better health care, and in some cases have had their lives saved, because their hometown doctors have instant access via telephone to specialists at the UAB Medical Center.

"In fairly remote areas like mine" said one rural physician, "a lot of people go into general practice and then leave. One of the reasons they leave is that their consciences nag them; they wonder whether they are doing as good a job as can be done. They feel isolated. But MIST helps cut out that concern. Now, I am not only talking to a specialist, I am also talking to someone who is really familiar with that part of the specialty relative to my patient's particular problem."

"I'll tell it just like it is," said Dr. Winston Edwards, A Wetumpka, Alabama general practitioner for some 40 years. "MIST has enabled me to treat patients I couldn't otherwise have treated."

Dr. Edwards remembers the night not too long ago when he was summoned to the local hospital to treat a whole family—husband, wife and three children—who had wild mushroom poisoning. "Now, mushroom poisoning will kill you, and these people were desperately ill—pale, vomiting, in shock. I called some UAB Medical Center doctors on MIST to make sure I was giving the latest and best treatment. They assured me I was, and it sure helped my confidence."

Although it is not widely known, most departments of the Medical College of Georgia have been receiving similar calls from Georgia physicians for many years, and although no statistics have been kept, it is widely assumed that these consultations have been successful. Unfortunately, no documentation of this exists. One of the advantages of the MIST program is that it keeps records. It records who called, and what the general problem was. It records the faculty rank of responders. It follows up on follow ups. It collects stories. As a result, the health professionals of Alabama have learned to trust the value of telephone consultation and as mentioned by the rural physician quoted above, they have shown a greater confidence in continuing rural practices. The Medical Center also benefits from MIST in that it "provides insight into

the practice of medicine in Alabama as well as providing direction for planning in continuing education."

"I'm sure it happens here at the dentistry school, but I can't tell you that we had three calls yesterday," said Judson C. Hickey, dean of the School of Dentistry. "We don't keep any records right now. I think a formal MIST program here would have a number of advantages. First, it would help our alumni and other Georgia health professionals perform their activities at a generally higher level of proficiency. Second, I'm sure that the citizens of Georgia would benefit because their health professionals would have the opportunity for consultation on their specific cases. Third, this would certainly help maintain close ties between our faculty and our alumni.

"I can see if we maintain these kinds of contacts that other benefits will result from increased communications," Dean Hickey continued. "The calls to MCG would probably focus primarily on patient care, but news of advances and breakthroughs, along with information about upcoming continuing education courses, among other things, would be passed on at the same time. I like the idea."

Recognizing a similar opportunity for service, Michigan in November of 1974 initiated a program patterned after MIST, even called MIST. That program has experienced similar success. Nine other states are in various stages of adopting similar programs.

The MIST people point to the importance of joint sharing of patient care in such a program. They believe that no similar program can succeed if there is little or no continuity of the discussion process. The success depends on the degree to which the faculty are willing to "sweat it out" with the practitioner in the field, they say.

Most calls come in to the MIST switchboard during the daytime weekday hours. The operators, often wives of medical students with only minimal training, put the calling physician or health professional in touch with the specialty group quickly via a page master buzzer with a ten mile range. This cuts down considerably on the time a caller without such help would ordinarily have spent locating the correct number and then tracking down the specialist, perhaps only to discover that he or she was unavailable.

Some MIST calls are dramatic emergencies, of course, but most of them are from practitioners who need to know the latest and best methods of treating patients with problems such as cancer, heart disease, diabetes, complicated pregnancies, and so on.

Dr. H. C. Mullins, Jr. of Fairhope, Alabama says the MIST line is great for planning long-term care of a problem such as a complicated cancer case.

"I had a patient recently with a malignancy for which I needed to know the newest techniques of treatment. So I used the MIST line to talk to several UAB doctors—some who treat malignancy with surgery, others who treat with medication, etc. With all of us talking on the MIST line, we came up with a plan for care that I simply couldn't have gotten from books and articles. We're having almost unbelievably good results with the patient so far, and we've been using our plan of care for several months."

"With all of us talking on the MIST line, we came up with a plan for care that I simply couldn't have gotten from books and articles."

MIST calls are often informal because of the degree of rapport that has developed between the responding faculty, and the practicing physicians and health care professionals alike. The callers soon get to know the people at the Medical Center on a first name basis, and are not hesitant about calling again. They quickly realize that a question does not have to be one of tremendous difficulty or significance before they call.

"I'm happy to talk to the doctor no matter how difficult or simple the question," says one frequent MIST responder. "When I get a call about metastic breast cancer, for instance, it usually turns out that the doctor is just not that familiar with the nuts and bolts of the management of this disease. Nor can he be expected to be. So we help him."

MIST has other uses. During slack hours, MIST is used to contact physicians about patients who have been seen through various sponsored programs of the Medical Center. It has also been instrumental in helping small communities to get life-saving drugs and equipment that they needed.

There was that Sunday night, for example, when the South Alabama physician called MIST for help with a malaria patient, a soldier who had recently returned from Southeast Asia. A UAB faculty member who took the call at home that night felt

"What better way to continue doctors' education than to give them immediate telephone contact for any up-to-date medical advice they need?"

from the description that the patient had a fast-killing type of malaria and suggested quinine for treatment. The practicing physician who called was unable to locate any quinine in his area. So the faculty member, a veteran of more than 25 years of Army service, called to Ft. Rucker for assistance. An Army helicopter delivered the needed drug to the patient's doctor in short order.

"I have been familiar with the MIST program for several years," said Tom Basler, director of Libraries at the Medical College of Georgia. "To me the only question is *how* it ought to be handled. For example, there will be space in the new library addition for prerecorded update information for physicians, accessible by telephone. This program and the MIST program could be interrelated. But whether it should be a primary function of the library, or of health communications, or of continuing education, I don't know. The answer is probably that everyone should be involved in a very real way, especially in the planning stages.

"The question that I am looking beyond, of course, is money."

By 1975, the price tag for MIST had reached $120,000 per year. This included the office, four incoming and three outgoing lines, six operators and a coordinator, plus office supplies. The page master system, such as is used already in Talmadge, was a one-time expense.

Users of MIST are not charged a membership or other fee for calls because of the established purpose, which is to benefit all of the people in the state. The funding, then, is necessarily all-inclusive.

Initiation and support of the program for three and one-half years was largely through financial support by the Alabama Regional Medical Program (ARMP) and some AMA-ERF funds. During one critical period of ARMP support, contributions from Alabama physicians helped maintain the program until state support was obtained.

The state now provides base support, but it is inadequate for the total support of MIST. Presently the program also receives annual contributions from the AMA-ERF and the Caduceus Club of the School of Medicine, with additional support from three sponsored projects: The Comprehensive Cancer Center; the ARMP Arthritis Outreach Pilot Project and an ARMP project for extending the MIST services to other health professionals.

The faculty time provided in the program is the commitment of the Medical Center to the program, but if a cost analysis were possible, it would include calculations of faculty time and faculty equivalents required for MIST. The UAB Medical Center says that a conservative estimate is that the equivalent of 2.8 full-time faculty members is now required for responding to MIST calls. To arrive at this figure, they used the average length, number of calls and patient-teaching contact time estimates.

MIST was the brain-child of Dr. Clifton Meador, young dean of the UAB School of Medicine. Dr. Meador had practiced medicine in Selma, Alabama before he entered academic medicine, and he felt a statewide doctor's hookup could be great for small-town medical practice in Alabama. The system eventually, of course, became a valuable asset to both urban and rural practice.

Dr. Meador placed MIST headquarters in the medical school's Office of Continuing Education, headed by Dr. Margaret Klapper.

"What better way to continue doctors' education than to give them immediate telephone contact for any up-to-date medical advice they need?" smiles Dr. Klapper, obviously pleased with the overwhelming success of MIST.

Would the program work at the Medical College of Georgia?

Paul J. Brucker, Ph.D., Director of the Division of Health Communications at MCG responds, "Certainly." He is concerned that user cost be very low, if such a program could be set up, so that the service would be equally accessible to all citizens of Georgia.

"With the rapidly increasing body of knowledge in the health care field and with the continuing emphasis on rural health care delivery, a multifaceted communication and information distribution network must be established in Georgia," says Dr. Brucker. "Such a network needs to be capable of providing the two-way communication link for consultation between health care practitioners and faculty at MCG, as well as provide opportunities for audio and someday video continuing education programming."

Medical School applications down nationally; but not at the Medical College of Georgia

By Julie Guillebeau

The Chronicle of Higher Education has reported the boom is over as far as the expansion of applications in medical schools is concerned.

The report states that the number of students applying to medical schools in the U.S. rose more than 200 per cent in the last decade (1966-67 to 1975-76). But now, the report continues, all that has changed. Medical schools across the country showed decreases in their applications this fall for the first time since 1966-67.

National trends may show a drastic decrease in those applying for admission, but it's just not so at the Medical College of Georgia.

Dr. Boyd Sisson, chairman of the MCG admissions committee says that figures do not yet show a decreasing trend, in fact there is a slight increase this year over last.

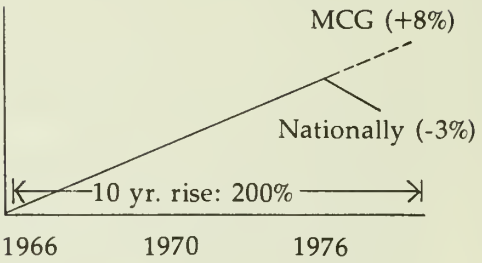
"For the entering class of 1975, we had 1,380 applicants as compared to 1,493 for the entering class of 1976. However, the difference is so slight that it doesn't really indicate any trend."

Dr. Sisson did say that a noticable trend in MCG admissions has occurred in applications from women. Comparing figures for the last three years, Dr. Sisson points out that there has been a steady increase in the number of women who apply.

"In 1974 we had 73 female applicants and 27 were enrolled; 1975, it was 107 female applicants with 42 enrolled; in 1976 there are 121 female applicants, however only 26 enrolled. I don't know the reason for this decrease in females who enrolled this year. One reason could be that some other schools, which can offer various incentives, such as fellowship and scholarships, have siphoned off some of our applicants."

Dr. Sisson adds that while MCG hasn't noticed any trends similar to those on the national level, he does predict that we will eventually follow those trends and have less and less applicants for the School of Medicine.

Medical School Applications (Total)



Graph shows how MCG differs from national pattern regarding applications to enter medical school.

"I expect we will in time see a decrease, following the national trend, but even if it does, this doesn't necessarily mean it'll be any easier to get into med school, because, this decrease may be due to the fact that the lesser qualified students or less competitive applicants are the ones who are not applying. This would mean that even though there may be smaller total number, the quality of applicants will still be high—we'll be seeing just the 'cream'."

Alumni News Events Activities Class Notes Alumni News Events Activities Class Notes

Deaths

Daniel Sturkie, '00, North, South Carolina

H. H. Lancaster, '28, Gainesville

A. Comas, '29, Santruce, Puerto Rico

Bruce Mitchell, 38, Anniston, Alabama

Hubert W. Coleman, '40, Avon Park, Florida

William Jackson Smith, '59, Brunswick

SCHOOL OF MEDICINE

H. Calvin Jackson, 45, was re-elected chairman of the State Medical Education Board with **David A. Wells** '49, being elected as a board member. The State Medical Education Board grants approximately 35 scholarships each year to bona fide residents of Georgia who wish to attend accredited medical schools in the U.S.

James Dismukes, '51 of Adel; **David Sowell,** '52 of Atlanta and **T. Eugene Kennedy,** '67 of Buford have been appointed to the Governor's Joint Advisory Board of Family Practice, designed to help determine the special areas in Georgia which have the greatest need for family physicians.

J. W. Bennett, '46, of Augusta, has been named chairman of the Georgia Chapter of the American Academy of Pediatrics for a three-year term.

James A. Harmon, '61, was recently appointed Medical Director for Newport News Shipbuilding. The native Augustan assumes a broad range of responsibilities, including the coordination of activities in the Main Clinic, as well as in two satellite medical facilities in the shipyard. Dr. Harmon resides in Newport News with his wife, Mariam and their two children, Elizabeth Anne and J. Alex.

William E. Silver, '63, was recently appointed as the Vice-Chairman of the Department of Surgery at Shallowford Community Hospital and has been appointed as the Chief of the Otolaryngology Section at Northside Hospital in Atlanta.

Roderick L. Guerry, '64, a native of Savannah, has been named chairman of the Department of Pathology at Candler General Hospital in Savannah. He joined the staff of Candler in 1974 after serving as assistant professor of pathology at the Medical University of South Carolina in Charleston. He retained his faculty position in Charleston and remains assistant clinical professor there.

Stephen D. Clements, Jr., '66, was promoted to associate professor of medicine (cardiology) at Emory University.

Talmadge Bowden, '66, of Augusta, has been elected to the American Society for Gastrointestinal Endoscopy.

James T. Lowe, Jr., '69, has opened an ENT practice in the Coliseum Park Professional Building in Macon. He completed residency training at Duke University in Durham and has just finished two years of active military duty at the U.S. Naval Hospital in Beaufort, S.C.

James Y. Jones, '69, an ophthalmologist,is attempting to establish a cornea transplant program and eye donor bank in Dublin.

Melvin L. Haysman, '71 has opened his office for the practice of medicine specializing in allergy and clinical immunology in Savannah. He recently completed a fellowship in allergy and clinical immunology at Duke University. As a reservist in the U.S. Army Reserve, he established an allergy clinic at Ft. Bragg, N.C. He is the author of several papers in publication and has written a chapter on "Asthma in Adults" in the Annual Review of Allergy for the last two years.

John W. Browning, '70 and **Danny E. Askew,** 70 have opened a specialty practice in obstetrics and gynecology in Gainesville, Ga. Dr. Browning completed his residency training at MCG and recently finished his active duty with the USAF. He and his wife Jenny reside at Glenwood Drive with their children, Meredith and John. Dr. Askew served two years in the U.S. Navy at Bainbridge Naval Training Center, Maryland. He also completed his residency training at MCG and he and his wife, Lynda have two children, Todd, 5 and Leigh, 4.

William A. Manus, '71, is a family practitioner in Gainesville, Ga. His internship and residency training were served at Riverside Hospital in Newport News, Va. Dr. Manus' previous practice was a teaching residency position in family practice in the Navy at Jacksonville, Fla. He is married to the former Camile Hull from Augusta.

Cleve B. Collins, '71, recently completed his residency training in nephrology at the Wilford Hall USAF Medical Center. Dr. Collins has been assigned to Keesler AFB, Miss. where he will serve on the teaching staff of the USAF Medical Center. He is a member of the American College of Physicians and the Society of Air Force Physicians and has been certified by the American Board of Internal Medicine.

Alex F. Daley, '72, has finished his residency in radiology at Wilford Hall USAF Medical Center. Dr. Daley will serve as staff radiologist at the USAF Hospital in Lakenheath RAF station, England. He and his wife, Patricia have three children, Katherine, 5, Susan, 3 and Allison, 1.

J. Michael Hosford, has joined the Northeast Georgia Pediatric Clinic of Drs. Gilbert, Martin, Newman and Langston in Gainesville, Ga. He served his pediatric internship and residency at the Children's Hospital in Birmingham. Dr. Hosford and his wife, Susan have two children, Jennifer, 5 and Abigail, 2.

Gary L. Smith, '72, has completed a four-year residency in ob-gyn at the Wilford Hall USAF Medical Center. He has been assigned to Fairchild AFB, Wash. where he will serve on the staff of the USAF Hospital. He and his wife, Melanie, have a son, David, 3 and a daughter, Michelle, 1.

Gary A. Dillard, '73, has graduated from the USAF School of Aerospace Medicine at Brooks AFB, Texas. He is being assigned to Seymour Johnson AFB, N.C. for duty as a flight medical officer.

Joseph P. Keenan, '75, and his wife announce the birth of a son, Joseph Patricke Kennan, II.

Ray C. Price, '75, has completed the USAF School of Aerospace Medicine at Brooks AFB, Texas. He is now a flight medical officer at Craig AFB, Ala.

SCHOOL OF NURSING

Elaine Allen, '68, has been named Assistant Director of Nurses at the Habersham County Medical Center. She was married on November 6.

Linda S. Lawson, '70, is unit-coordinator in Labor & Delivery at Northside Hospital in Atlanta.

Carole Moylan Massey, '70, is currently co-authoring the revision of Moseby's Review Book for Nursing. A publication date has been set for 1978. She was recently appointed as a site visitor for accreditation of practical nursing schools in the eastern U.S. by the National League of Nursing. Mrs. Massey and three of her peers have formed a firm, Continuing Health Education Consultants for continuing education for practical nursing. Her husband is the Court Administrator for the City of Savannah.
Sue Stout Williamson, '70, is employed at Gracewood State School and Hospital where she is in charge of Employee Health Services. She and her husband spent this past summer camping and touring the southeastern U.S.
Camilla Sue Adams, '76, is an instructor in the School of Nursing at Gordon Jr. College in Barnesville.
Wendy Smith Albury, '76, is a nursing supervisor at Central State Hospital in Milledgeville.
Doris D. Bargainer, '76, is the maternity supervisor at Southwest Community Hospital in Atlanta.
Margaret Hardy Blackwell, '76, is working with the Fulton County Health Department as a public health nurse.
Lynn Marie Bullington, '76, is a clinic nurse with the Indian Health Service in Winslow, Arizona.
Michele Ann Buttell, '76, is employed with the Smyrna Hospital as head nurse of the ICU-CCU.
Myra Cooper Carmon, '76, is director of nursing at the Scottish Rite Hospital in Atlanta.
Jeanne Spratlin Cooper, '76, is director, patient care evaluation department at the Newnan Hospital.
Juliette Romania Dean, '76, is a graduate staff nurse at Duke University Medical Center.
Lois A. Foust, '76 is teaching nursing at Middle Georgia College in Cochran.
Patricia Barfoot Fragala, '76, is employed with Georgia Baptist Hospital as staff development director.
JoAnn Marie Geary, '76, is a graduate student at MCG working on her masters in nursing.
Kathryn Jane Nightingale Hannah, '76, is an assistant professor of nursing at the University of Calgary in Alberta, Canada.
Sandra Wirick Hewell, '76, is an office nurse for a group of doctors in Chamblee.
Marcia May Jowers, '76, is continuing her studies at Southern Seminary in Louisville, Ky.
Sharon G. Lane, '76, is a graduate nursing student at John Hopkins University.
Patsy Thompson Sailors, '76, is assistant director of nursing at the Georgia Retardation Center in Athens.
Kim Melinda Schultz, '76, is working at Emory University Hospital as an OR staff nurse.
Frances Martin Spivey, '76, is a medical surgical coordinator at the VA Center in Dublin.
Urline Burt Steele, '76, is director of health services at Lee College in Cleveland, Tenn.
Laura Ellen Voss, '76, is employed with Dekalb General Hospital as assistant head nurse.

SCHOOL OF DENTISTRY

Randon Ashemore, '73, has joined the endodontic faculty at MCG. His sister Jerri is a first year dental student.
Sammy Caves, '73, enjoyed a dental practice in Columbus, but has now returned to MCG to do a residency in orthodontics.
Jim Haddad, '73, is currently an oral surgery resident at Emory University.
Steve Koehler, '73, has completed his tour of duty in the service and is practicing in Marietta. Steve's brother Vic is a second year dental student at MCG.
David Owings, '73, has opened a new office on West Avenue in North Augusta, S.C.
Earl Adkisson, '74, of Austell and his new wife, Brenda, have recently returned from a honeymoon trip to Hawaii.
Stanley J. Anderson, '74, is in practice with **Doug Clepper,** '73 and also a part-time faculty member at MCG. He and his wife, Susan have a new son.
Robert Bowen, '74 and **Allen Braselton,** '74 are practicing together in Winder.
Joe Carlisle, '74, who is an oral surgery resident at MCG, and his wife Cay have a new daughter.
James A. Davidson
J. Ben Deal, '74, has returned to Augusta to begin his private practice.
Paul Kulbersh, '74, has finished his periodontics training in Baltimore, Md. and has joined Dr. Murry Ginsberg in Savannah.
Kent Mattison, '74, of Stone Mountain and his wife Frances announce the birth of a daughter.
Phillip Rigdon, '74, opened his practice of general dentistry in Fort Valley in August. He and his wife Anne have one son, Phillip Jr.
Ron Caylor, '75, has returned from doing a general dentistry internship in Hawaii and is now an oral surgery resident at MCG.
E. Carl Shaw, '75, has opened his dental office in Warner Robins. He and his wife Debbie have a nine-month old daughter, Amy.
Larry Tilley, '75, has opened his private dental practice in Gainesville after teaching at MCG for a year.
James M. Lewis, Jr., '76, has begun his dental practice in Quitman.
Bill Pellerin, '76, has joined the MCG Faculty and is working with the DAU Team.
Phyllis Pendergrast, '76, is stationed in Fairbanks, Alaska working with the Public Health System.

GRADUATE STUDIES

Morris Kent Jackson, '75, is an instructor in anatomy at LSU Medical Center in Shreveport, La. Dr. Jackson is currently teaching gross anatomy and neuroanatomy to freshmen medical students.
Emily Ann Craig, '76, is a medical illustrator at Hughston Orthopedic Clinic in Columbus, Ga.
Daniel Gerard, McChesney, '76, is continuing his graduate education at MCG.

ALLIED HEALTH SCIENCES

Physical Therapy

Sarah Myers Jackson, '74, is employed by the Department of Family Medicine and Comprehensive Care, LSU Medical Center in Shreveport, where she is in charge of physical therapy.
Mary Amanda Bowen, '76, is a physical therapist at Memorial Mission Hospital in Atlanta.
Carol Ann Gunnels, '76, is employed with MCG as a physical therapist.
Patricia Dawn Mathews, '76, is a physical therapist in the Rehabilitation Services of Columbus.
Gregory Blanchard Richard, '76, is chief physical therapist for Physical Therapy Associates in Atmore, Ala.

. . . *And a cast of thousands.*

By Charlie Ray and Al Bowers

Well, it's over—our fabulous reunion. Thirty-four classmates and spouses came, plus several kids. Everyone is convinced that this was the best medical meeting we had ever been to because (1) it was small, (2) we knew everyone there, (3) the papers were good, short, and well illustrated, and (4) the food and local arrangements were excellent (thanks to Gerry and Verne Platock). We want to do it again, but it will be difficult to wait for five more years. The plan is to meet in 1981 on Sea Island.

The Official Unofficial Class of 1956 Alumni Awards Committee has determined that the following recognitions should be bestowed upon attendees of the meeting:

Best Afro on a White Boy—Clyde Harrison
Least Changed—Bob Arnall tied Micky Satcher
Ku Klux Klan Doctor of the Year—June Bug Barron
Best Trough Fed—Lanier Harrell
Second Best Trough Fed—Jimmy Brooks
Most Like Captain Kangaroo—Jimmy Brooks
Most Unrecognizable—Jimmy Brooks
Most Facial Hair—Tom Pirkle
Only Skinniest—Alva Mayes
Best Bald Head—Ray Leverett tied Bobby Jarrell
Grayest Head—John Miller
Youngest Wife—Charlie Ray
Best Trade-In—Francis Smiley
Biggest Nose—Bill Mullins
Best Nudie-Girl Slide Shown—Bob Parrish
Most Popular Slide Shown—Newton Building, 1956
Most Baffling Slide Shown—Aerial View, MCG Campus, 1976
Richest Looking Car (White Cadillac)—Leonard Cotts

"Reminds-Me-Of" Awards:

Most Likable—(No clear winners, 34 contenders)
Superman—Mel Spira
Hubert Humphrey—Joe Griffeth
Bugs Bunny—Jack Tanner
Henry Kissinger—Charlie Ray
Micky Rooney—Claude Burpee
Hee Haw—Tom Pirkle
Uncle Ezra—Carl Hartrampf
Howard Taft—Jack Lindley
Billy Graham—Jim McCann
Bing Crosby—Old John Miller
. . .and a cast of thousands

Dr. Moretz gave an excellent, if not stirring, report on MCG and the faculty and facilities for the epochal period 1956-1976. (We were his first class after he became professor of surgery.)

At poolside we had lots to eat, drink, and talk about as we played "Guess Who He Is" with each arriving classmate. The weather left something to be desired, but the indoor sports were great. Tennis and golf weren't bad, though. The papers, heard and enjoyed by our guys and dolls both, were excellent. Jim Walker, a former partner of Al Bowers, spoke on sociopolitico-economic aspects of medical malpractice; Charlie Ray on the "Six-Million Dollar Man" engineering mischief that he's up to; Bob Parrish on pediatric surgery of Hirschsprung's bad bowel business; Carl Hartrampf on very handy plastic surgery; Mel Spira on fat busted lips and —we can't even say it much less spell it—maxillofaciallary surgery. The only hitch in the program was that Steve May didn't get enough time to conduct his round table on problems in general practice (the 1981 program will begin with this).

The individual short (and long) reports from classmates were a big hit! A remarkable assortment of experiences, big waistlines, funny shenanigans (Pirkle should be on the telly), and a few serious recounts made the day for us all.

We began with a moment of silence for Cable, Caldwell, and Shearouse. We had an incredibly good time, with love, likker, lies, and laughter. This was the first MCG class reunion in history that had a planned scientific program for credit (3-3/4 hours of category I, Physician's Recognition Award). Other classes have picked up our idea and will use it too. (It's the only medical program in history which everybody present enjoyed!)

We plan to get together again (if we can wait so long to do so and God is willing) at the Cloister on Sea Island, Georgia, in 1981. We can only tell you now that if you don't come then, you will miss a grand time.

With best wishes,

Charlie Ray
Al Bowers

Seasons Greetings

and every good wish
for your happiness
in the New Year.

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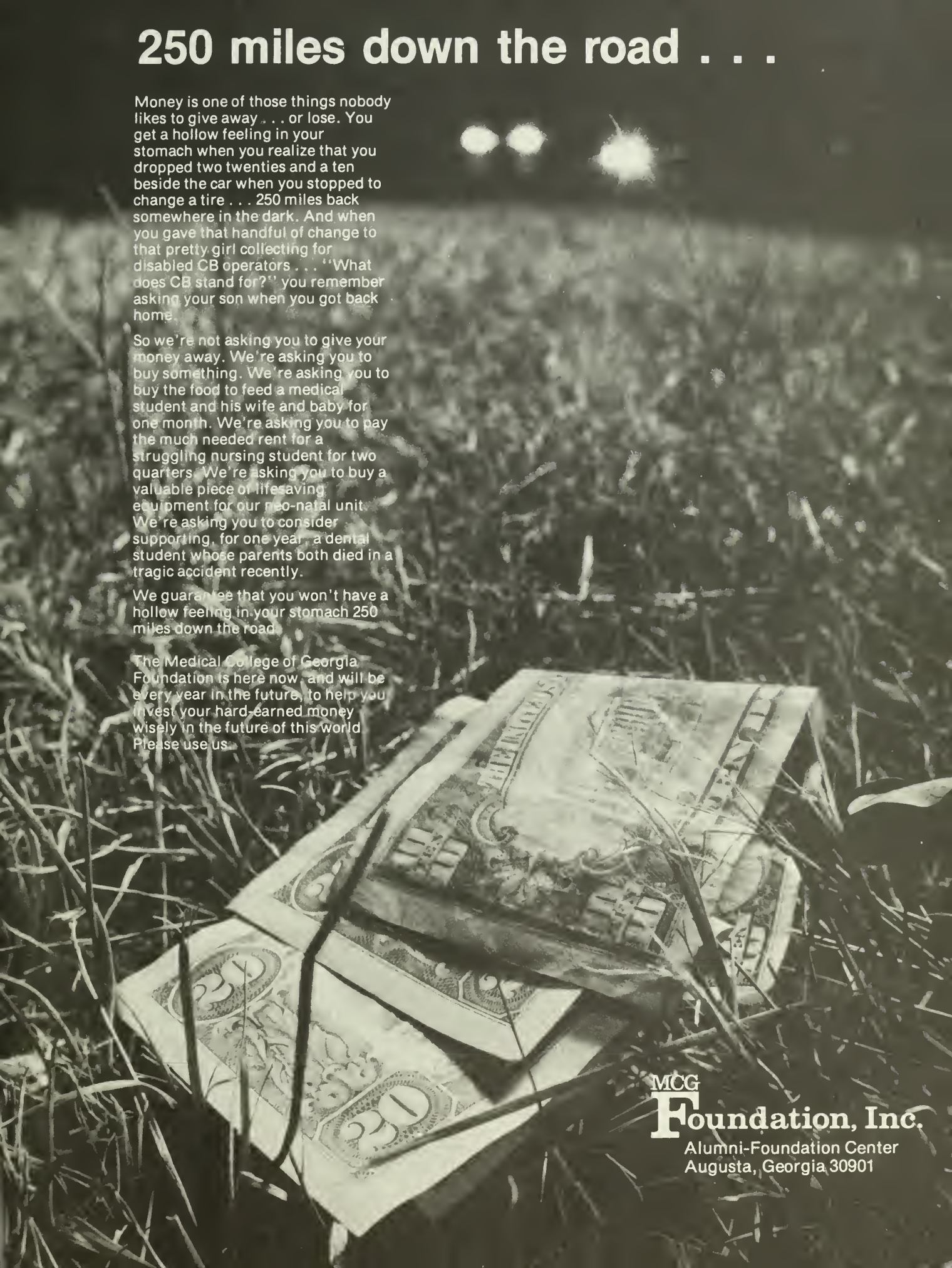
250 miles down the road . . .



Money is one of those things nobody likes to give away . . . or lose. You get a hollow feeling in your stomach when you realize that you dropped two twenties and a ten beside the car when you stopped to change a tire . . . 250 miles back somewhere in the dark. And when you gave that handful of change to that pretty girl collecting for disabled CB operators . . . "What does CB stand for?" you remember asking your son when you got back home.

So we're not asking you to give your money away. We're asking you to buy something. We're asking you to buy the food to feed a medical student and his wife and baby for one month. We're asking you to pay the much needed rent for a struggling nursing student for two quarters. We're asking you to buy a valuable piece of lifesaving equipment for our neo-natal unit. We're asking you to consider supporting, for one year, a dental student whose parents both died in a tragic accident recently.

We guarantee that you won't have a hollow feeling in your stomach 250 miles down the road.

The Medical College of Georgia Foundation is here now, and will be every year in the future, to help you invest your hard-earned money wisely in the future of this world. Please use us.

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